TICKETS I	PRO\	/IDEE	BY
AGE	NCY	REP	ORT

1. Agency Name			Date Stamp	California OOO
County of Los Angeles			000	Form 8U2
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address	10 - 10 Ann			
500 W. Temple St., Room 869 Los Angeles, CA 90012				
Area Code/Phone Number E-mail				
213-974-5555 fifthdistrict.lacbos	.ora		☐ Amendment (Must exp	lain în Part 5.)
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Linda Balderrama			200	(month, day, year)
2. Event For Which Tickets Were Distribute	ed			
Date(s) of Event:09/_04/_09 Desc		Los Angeles	s County Fair	
<u>10 , 05 , 09</u> Face	Value of Tick	et: \$	17.00	
Agency Event ☐ Yes ☒ No (Identify s	source of ticke	ets below.)		
Service of the servic			ntv Fair	
Name of Outside Source of Ticket(s) Provided t	to Agency:	o / ingoles cou	inty r un	
Number of Tickets Received: 40	Ticket(s) Pro	vided to Agency	y: 🗵 Gratuitously [☐ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	ional names)	
Name of Official	Number		her the Distribution is Inco	
(Last, First)	of Tickets	Describ	be the Public Purpose for	the Distribution
Cindy Duarte	2	Retaining hig	hly qualified County em	ıployees
4. Individual or Organization Receiving Tic	kat(s) (Provis	l	of an aganay official \	
4. Individual of Organization Necelving Tic	rei(s) (Plovic	ied at the benest	or an agency official.)	
Name of Behesting Agency Official:		-		
Name of Individual or Organization:			Number	of Tickets:
Description of Organization				
Description of Organization:	28.2 28 <u>8</u> 28			
Address of Organization:				
Number and Street	Von Aug	City		State Zip Code
Purpose for Distribution: (Describe the public pur	nose for the dis	stribution to the o	rganization)	
Tarpeda let Blattibation (Basile pasile par	pood for the die	stribution to the o	rgamzadom.)	

5. Verification			-	
				7
I have determined that the distribution of tickets set f		accordance with	i the provisions of FPPC F	regulation 18944.1.
A Salduran Linda Balde	rrama	Ticket	t Administrator	9-24-09
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any add	ditional informatio	on including amend	ment explanation.)	

TICKETS PROVIDED	B	
AGENCY REPO	JR.	

. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address	A			
500 W. Temple St., Room 869 Los Angeles, CA 90012				
Area Code/Phone Number E-mail			□ Amandmant ##	12.15
213-974-5555 fifthdistrict.lacbo	os.org		☐ Amendment (Must exp	iain in Part 5.)
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Linda Balderrama				(month, day, year)
. Event For Which Tickets Were Distribu	ıted			
Date(s) of Event: 09 / 04 / 09 Des	scription of Eve	nt. Los Angeles	s County Fair	
10 , 05 , 09 Fac				
Fac	e Value of Lick	et: \$		
Agency Event ☐ Yes ☑ No (Identify	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	d to A ==== Lo	s Angeles Cou	ntv Fair	
	a to Agency:	0	Anni 🕽 Commissionen	
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously	Pursuant to Contract
Agency Official(s) Receiving Ticket(s)	(use a continuation	on sheet for addit	ional names)	
Name of Official				me to the Official or
7 - 7 - 7		her the Distribution is Income to the Official or be the Public Purpose for the Distribution		
1			<u> </u>	
Brenda Daniels	2	Retaining hig	hly qualified County en	nployees
	1 100		W000 11-1	
·				
Individual or Organization Receiving T	icket(s) (Provid	ded at the behest	of an agency official.)	
Name of Behesting Agency Official:				
Training or Depressing rigority of molan		509-550 (5N) (5E)		
Name of Individual or Organization:		9 920	Number	of Tickets:
Description of Organization:				
Address of Organization: Number and Street		City		Stale Zip Code
Durance for Diatributions (D. 11. (L. 11.)		500 TA - CT		
Purpose for Distribution: (Describe the public p	urpose for the dis	stribution to the o	rganization.)	
		700		
Verification				
Verification				
I have determined that the distribution of tickets se	t forth above is in	accordance with	n the provisions of FPPC I	Regulation 18944.1.
L // / / a liberta Part	derrama	Ticke	t Administrator	9-24-09
1 Hullian Linda Balo				

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name				Date Stamp	California 802
County of Los Angeles				iremii OC	
Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisor					
Street Address				-	
500 W. Temple St., Room 869 Los Angeles, CA 90012					
Area Code/Phone Number	E-mail	1. t		☐ Amendment (Must e	volain în Part 5)
213-974-5555	fifthdistrict.lacbos	s.org		Americanient (mast c.	Apidin in r die 0.7
Agency Contact (name and title)		Code N. S.	836	Date of Original Filing:	(month, day, year)
Linda Balderrama					(monus, aug, your,
2. Event For Which Tickets	Were Distribut	ed			
Date(s) of Event: 09 / 0	4 / 09 Desc	ription of Eve	nt: Los Angele	s County Fair	
	- 00		et: \$	17.00	
	/ Face	value of Tick	et: \$		
Agency Event	☑ No (Identify states)	source of ticke	ets below.)		
Name of Outside Source of T	icket(s) Provided	to Agency: Lo	s Angeles Cou	nty Fair	
	40	to rigerioy. —			
Number of Tickets Received:	40	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	☐ Pursuant to Contract
2 A manage Official/a) Danair	.i., T i-I4/-> /				
3. Agency Official(s) Recei					
			her the Distribution is Income to the Official or be the Public Purpose for the Distribution		
		OI TICKELS	Descri	be the Fublic Fulpose ic	i the Distribution
J. Gomez		2	Retaining hig	hly qualified County e	mployees
					7
	372	20 10 1000			
4. Individual or Organizatio	n Receiving Tid	ket(s) (Provid	ded at the behest	of an agency official.)	
4. Individual or Organization Name of Behesting Agency O					
Name of Behesting Agency C	Official:		3		er of Tickets:
	Official:		3		er of Tickets:
Name of Behesting Agency C	Official:		3		er of Tickets:
Name of Behesting Agency On Name of Individual or Organic Description of Organization:	Official:		3		er of Tickets:
Name of Behesting Agency Contact Name of Individual or Organic Description of Organization:	Official:				
Name of Behesting Agency On Name of Individual or Organic Description of Organization: Address of Organization:	Dfficial:		City	Numbe	
Name of Behesting Agency Contact Name of Individual or Organic Description of Organization:	Dfficial:		City	Numbe	
Name of Behesting Agency On Name of Individual or Organic Description of Organization: Address of Organization:	Dfficial:		City	Numbe	
Name of Behesting Agency Control Name of Individual or Organic Description of Organization: Address of Organization: Purpose for Distribution: (De	Dfficial:		City	Numbe	
Name of Individual or Organi Description of Organization: Address of Organization: Purpose for Distribution: (De	Official: zation: ber and Street scribe the public pure	pose for the dis	City stribution to the o	Number	State Zip Code
Name of Behesting Agency Control Name of Individual or Organic Description of Organization: Address of Organization: Purpose for Distribution: (De	Official: zation: ber and Street scribe the public pure	pose for the dis	City stribution to the o	Number	State Zip Code
Name of Behesting Agency Control Name of Individual or Organic Description of Organization: Address of Organization: Purpose for Distribution: (Description) Num Num Purpose for Distribution: (Description)	Official: zation: ber and Street scribe the public pure	pose for the dis	City stribution to the o	Number	State Zip Code

FICKETS	PR	OVII	DED	BY
AG	FNC	CYR	FPC	RI

1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address	ijiros — m	- 73-01		
500 W. Temple St., Room 869 Los Angeles, CA 90012				
Area Code/Phone Number E-mail		707.07		1000 27 527 70007
213-974-5555 fifthdistrict.lacbos	.ora		Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title)		(0,0 m) (4 m) (4 m)	Date of Original Filing: _	(
Linda Balderrama				(month, day, year)
2. Event For Which Tickets Were Distribute			Index country of the	
Date(s) of Event:	ription of Ever	nt: Los Angele	s County Fair	
10 , 05 , 09 Face				
	value of Ticke	σι. φ	•	
Agency Event ☐ Yes ☑ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provided t	o Agency: <u>Lo</u>	s Angeles Cou	nty Fair	
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	☐ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	so a continuatio	n shoot for addit	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
	OF FIORCES	Decen	be the rabile raipede for	the Bistribution
Lizette Garcia	2	Retaining hig	hly qualified County er	nployees
- Company of the Comp		-58.0.18.5		******
				-
	1 11)			
1. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official:		Was t		
Name of Individual or Organization:			Numbe	er of Tickets:
The state of the s				
Description of Organization:				
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the dis	stribution to the c	organization.)	
			and the state of t	
5. Verification				
Upave determined that the distribution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Linda Balde	rrama	Ticke	t Administrator	9-24-09
C MUNICIPAL PROPERTY OF THE PR	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any add	ditional informatio	on including amend	dment explanation.)	

ICKETS PROVIDED	В	Y
AGENCY REPO	R	7

1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address		577-		
500 W. Temple St., Room 869 Los Angeles, CA 90012				
Area Code/Phone Number E-mail				11.2.5
213-974-5555 fifthdistri	ct.lacbos.org		Amendment (Must e.	xpiain in Part 5.)
Agency Contact (name and title)	U U		Date of Original Filing:	(month, day, year)
Linda Balderrama				(month, day, year)
2. Event For Which Tickets Were D	istributed	8 8 8		
Date(s) of Event:09 _/_04 _/_09		nt. Los Angeles	s County Fair	
_10 / 00 / 00	- Face Value of Ticke	et: \$	17.00	
	Identify source of ticke	8.500 W 96 Ph		
Name of Outside Source of Ticket(s) F	Provided to Agency: Lo	s Angeles Cou	nty Fair	
Number of Tickets Received:40			y: 🗵 Gratuitously	☐ Pursuant to Contract
3. Agency Official(s) Receiving Tic	ket(s) (use a continuation	on sheet for addit	tional names)	
Name of Official	Number		her the Distribution is Inc	come to the Official or
(Last, First)	of Tickets		be the Public Purpose fo	
Phillip Chen	2	Retaining hig	hly qualified County e	mployees
		3 00 00 00 00 00 00 00 00 00 00 00 00 00		
4 Individual O	-iTi-l4/-\/			
4. Individual or Organization Recei	Ving Ticket(s) (Provid	ded at the behest	t of an agency official.)	
Name of Behesting Agency Official:				
Name of Individual or Organization:	25	V- V	Numb	er of Tickets:
D : " TO : "				
Description of Organization:				
Address of Organization:				
Number and Street	et	City		State Zip Code
Purpose for Distribution: (Describe the	public purpose for the dis	stribution to the c	organization.)	
, 2,5000 10, 2101112111111 (200111121111	F F F (0.10 4.10		gaa,	
·		100 S		
5. Verification				
I Nave determined that the distribution of ti	okate eat farth above is in	a accordance wit	h the provisions of EDDC	Population 19044 1
7 () 1.		r accordance will	i tile provisions of FFFC	, Regulation 10944.1.
11 10 000	da Balderrama	Ticke	t Administrator	9-24-09
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional information	on including amend	lment explanation.)	

ICKETS	PRO\	/IDED	В
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1. Agency Name			Date Stamp	California Q02
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address		-		10
500 W. Temple St., Room 869 Los Angeles, C	A 90012			
Area Code/Phone Number E-mail		-3-3-3		L
213-974-5555 fifthdistrict.lacbos	.org		Amendment (Must exp	emperatives control and control and the second seco
Agency Contact (name and title)	3	7 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Date of Original Filing:	(month day ye - 1)
Linda Balderrama			2000 2000 1	(топіп, аау, уеаг)
2. Event For Which Tickets Were Distribute				
Date(s) of Event: 09 / 04 / 09 Description	ription of Eve	nt: Los Angele	s County Fair	
10 , 05 , 09 Face				
Face	value of TICK	≓l. ⊅		
Agency Event ☐ Yes ☑ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provided t	o Agency. Lo	s Angeles Cou	nty Fair	
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously [☐ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	tional names)	***************************************
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
N	OI HOROLO	203011	22 and 1 abile 1 arpose 101	Diodibation
Rita Hadjimanoukian	2	Retaining hig	hly qualified County em	nployees
	3000		552,042	
	**		· · · · · · · · · · · · · · · · · · ·	
		AS 100 000 000 AN		
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behest	t of an agency official.)	
Name of Behesting Agency Official:				
reality of Benediting Agency Official.				
Name of Individual or Organization:			Number	of Tickets:
•				
Description of Organization:		3 8	Control Weller	<u> </u>
A11				
Address of Organization:	- Territorio	City		State Zip Code
Purpose for Distribution: (Describe the sublication	nono for the di	atribution to the	vranization)	balana Amerikan etali 2015 (2) 2
Purpose for Distribution: (Describe the public pur	pose for the dis	sulbulion to the C	nganization.)	
	4. (1)			
5. Verification			-	
	arth above !- '		h the provisions of CDDO	Dogulation 100111
I have determined that the distribution of tickets set f		i accordance witi	n trie provisions of FPPC l	≺едиіатіоп 18944.1,
Malderiane Linda Balde	rrama	Ticke	t Administrator	9-24-09
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any add	ditional informatio	on including amend	lment explanation.)	
Comment: (Use this space or an attachment for any add	ditional informatio	on including amend	lment explanation.)	

ICKETS PROVIDED	BY	•
AGENCY REPO	RT	•

1. Agency Name			Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)			For Official Use Only	
Board of Supervisor Street Address				
500 W. Temple St., Room 869 Los Angeles, CA 90012				
Area Code/Phone Number E-mail		- 11.	Amendment (Must exp	plain in Part 5 \
213-974-5555 fifthdistrict.lacbo	s.org		Amendment (Must exp	iain in Fait 3.)
Agency Contact (name and title)		ii -	Date of Original Filing: _	(month, day, year)
Linda Balderrama				(month, day, your)
2. Event For Which Tickets Were Distribu	ted			
Date(s) of Event:09 _/_04 _/_09 Des	cription of Eve	nt. Los Angele	s County Fair	
10 , 05 , 09 Fac				
Fac	e Value of Lick	et: \$		
Agency Event ☐ Yes ☑ No (Identify	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided			nty Fair	
	i to Agency:		2 (2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	☐ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s)	use a continuation	on sheet for addi	tional names)	
Name of Official	Number	State Whet	her the Distribution is Inco	me to the Official or
(Last, First)	of Tickets		be the Public Purpose for	
Steven Kidd	2	Retaining hig	hly qualified County en	nployees
		40/8 /0	induced for the state of the st	
4. Individual or Organization Receiving Ti	i cket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official:				
The state of the s	as decide	Mental Res		
Name of Individual or Organization:			Number	r of Tickets:
Description of Organization:		:		
Address of Organization: Number and Street		City	W	State Zip Code
Down and for Distributions (D. 11 at 11)				Non-selection and Proceedings
Purpose for Distribution: (Describe the public pu	urpose for the di	stribution to the c	organization.)	
	1/10		mc vv v	
E 37 - P				
5. Verification				
I have determined that the distribution of tickets set	t forth above is ir	n accordance witi	h the provisions of FPPC	Regulation 18944.1.
Linda Bald	lerrama	Ticke	t Administrator	9-24-09
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any a	dditional informatic	on includina amend	lment explanation.)	
Comment: (Use this space or an attachment for any a	dditional informatio	on including amend	lment explanation.)	

TICKETS PROVIDED	В	4
AGENCY REPO	R	1

1. Agency Name	Date Stamp	California Q02		
County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor			**	Form OUZ
				For Official Use Only
Street Address				
500 W. Temple St., Room 869 Los Angeles, CA 90012				18
Area Code/Phone Number E-mail			□ A	/::0.451
213-974-5555 fifthdistrict.lacbos	s.org		☐ Amendment (Must exp	iain in Part 5.)
Agency Contact (name and title)		-0	Date of Original Filing:	(month, day, year)
Linda Balderrama				(month, day, year)
2. Event For Which Tickets Were Distribut	ed			
Date(s) of Event: 09 / 04 / 09 Desc	crintion of Eve	nt. Los Angeles	s County Fair	
	· Value of Tick	et: \$		
Agency Event ☐ Yes ☑ No (Identify s	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	4- A Lo	s Angeles Cou	ntv Fair	
	to Agency:			100.000
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously [☐ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u	ise a continuatio	0000 00		
Name of Official (Last, First)	Number		her the Distribution is Inco	
(Last, Filst)	of Tickets	Descri	be the Public Purpose for	the Distribution
Tamara Backstrom	2	Retaining hig	hly qualified County em	nployees
	<u> </u>			
	1			
4. Individual or Organization Receiving Tid	kat(s) (Provide	lad at the beheat	of an aganov official \	
4. Individual of Organization Receiving Tit	oneila) (Floric	ded at the penest	or an agency unicial.)	
Name of Behesting Agency Official:				
Name of Individual or Organization:			Number	of Tickets:
Description of Organization:				
Description of Organization:				
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public pur	rpose for the dis	stribution to the o	rganization.)	
			,	
	3 300 300			
5. Verification		WEI		
I have determined that the distribution of tickets set	forth above is in	a accordance with	the provisions of EDDC I	Population 19044 1
ingvo determined that the distribution of tickets set	iorui abuve is II.	i accordance Will	i ale provisions of FFPC f	Negulation 10944.1.
464				
Linda Balde	errama Print Name	Ticke	t Administrator	9-24-09

ICKETS	PRO\	/IDED	BY
AGI	FNCY	REPC	RI

1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address				
500 W. Temple St., Room 869 Los Angeles, 0	CA 90012	4		
Area Code/Phone Number E-mail			□ Amondment (Must sur	Unio in David E V
213-974-5555 fifthdistrict.lacbo	s.org		Amendment (Must exp	nam m Pan 5.)
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Linda Balderrama				(monur, day, year)
2. Event For Which Tickets Were Distribut	ted			
Date(s) of Event: 09 / 04 / 09 Des	crintion of Eve	nt. Los Angeles	s County Fair	
		et: \$		
Face	e value of Tick	et: \$		
Agency Event ☐ Yes ☒ No (Identify	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency. Lo	s Angeles Cou	nty Fair	
120 3	to Agency.		â	
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously	☐ Pursuant to Contrac
0.6				
3. Agency Official(s) Receiving Ticket(s)	use a continuatio	on sheet for addit	tional names)	5
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco	
(200)	Of Fickers	Descri	be the Public Purpose for	the Distribution
Sally McGaughey	2	Retaining hig	hly qualified County en	nployees
				•
	03 300000 (1)	50 NAC 1 CON SC		
The second secon				
4. Individual or Organization Receiving Ti	cket(s) (Provid	ded at the behest	of an agency official.)	
Name of Roberting Agency Officials				
Name of Behesting Agency Official:	0 0 *00,0 00		×	35.75.85 For an analysis of the second
Name of Individual or Organization:			Numbe	r of Tickets:
Description of Organization:				
Address of Organization:		City	201.	State Zip Code
B. C. Birling and a second				
Purpose for Distribution: (Describe the public pu	irpose for the dis	stribution to the o	rganization.)	
	70.00			
		mae a sana		Water the second
5. Verification				
	forth above is in	n accordance with	h the provisions of FPPC	Regulation 18944.1.
I have determined that the distribution of tickets set				
I have determined that the distribution of tickets set	errama	Ticke	t Administrator	9-24-09
\mathcal{I}	errama Print Name	Ticke	t Administrator	9-24-09 (month, day, year)

TICKETS	PRO	/IDED	B
AG	ENCY	REPO	DR"

1. Agency Name	Date Stamp	California Q02		
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address				
500 W. Temple St., Room 869 Los Angeles, CA 90012				
Area Code/Phone Number E-mail				
213-974-5555 fifthdistrict.lacbos	s.ora		Amendment (Must exp	lain in Part 5.)
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Linda Balderrama				(month, day, year)
2. Event For Which Tickets Were Distribut	ed	- 2		
Date(s) of Event: 09 / 04 / 09 Desc		nt. Los Angeles	s County Fair	
				-
<u>10 , 05 , 09</u> Face	Value of Tick	et: \$	17.00	
Agency Event ☐ Yes ☑ No (Identify s	source of ticke	ets below.)		
		23	ntv Fair	
Name of Outside Source of Ticket(s) Provided	to Agency:	7 () golde edu	Try T all	
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously [☐ Pursuant to Contract
			* 01	1 27-00 - USBOOK OF WOOD IN WOOD IN THE COST OF STREET
3. Agency Official(s) Receiving Ticket(s) (u	ise a continuatio	on sheet for addit	tional names)	
Name of Official	Number		her the Distribution is Inco	
(Last, First)	of Tickets	Descri	be the Public Purpose for	the Distribution
Christine Borzaga	2	Retaining hig	hly qualified County en	polovees
Christine Borzaga	2	Tretaining mg	Thy qualified County en	
		2 2 100		
4. Individual or Organization Receiving Tid	cket(s) (Provid	ded at the behest	of an agency official.)	
	, • par			
Name of Behesting Agency Official:		*		
Name of Individual or Organization			NII.	- CT - L - L
Name of Individual or Organization:			Number	of Tickets:
Description of Organization:				
Decemption of organization.		# 11.0 1010 100000 100		
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public pu	rpose for the dis	stribution to the o	rganization.)	
				
5. Verification				
	forth above is ir	n accordance with	h the provisions of FPPC I	Regulation 18944 1
I have determined that the distribution of tickets set				
5. Verification I have determined that the distribution of tickets set Dallur Linda Balde Signature of Agency Head or Designee			h the provisions of FPPC i t Administrator	Regulation 18944.1. 9-24-09 (month, day, year)

ICKETS PROVIDED	B
AGENCY REPO	R

1. Agency Name		_	Date Stamp	California Q02
County of Los Angeles			***	Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address	100 Mar.	2 (100 (200 f) to 100 (100 f)		
500 W. Temple St., Room 869 Los Angeles, C	A 90012			
Area Code/Phone Number E-mail			☐ Amendment (Must expl	lain in Part 5)
213-974-5555 fifthdistrict.lacbos	org.		Amendment (wastexp	iam m Fait 3.)
Agency Contact (name and title)	70 PT 10 10 10 10 10 10 10 10 10 10 10 10 10	2000	Date of Original Filing:	(month, day, year)
Linda Balderrama				(om, day, year)
2. Event For Which Tickets Were Distribute	ed			
Date(s) of Event:09 _/_04 _/_09 Desc	ription of Eve	nt: Los Angeles	s County Fair	
10 / 05 / 09 Face	Value of Tiels	ot: ¢	17.00	
Face	value of TICK	ะเ. จ		
Agency Event ☐ Yes ☒ No (Identify s	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: Lo	s Angeles Cou	nty Fair	
				- (10)
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously [☐ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (u	so a continuation	on shoot for addit	tional names)	
		XX 2000 XX XX XX		to the Official
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
0	5	200011		
Nathaniel Boone	2	Retaining hig	hly qualified County em	ployees
	N 8000			
p_ma_a				
-				
41 11 11 1 2 1 1 1 1 1 1				
4. Individual or Organization Receiving Tic	:Ket(s) (Provid	ded at the behest	t of an agency official.)	
Name of Behesting Agency Official:				1000
Name of Individual or Organization:			Number	of Tickets:
Description of Organization:		0.500	20000000 - 1	
Address of Organization				
Address of Organization:	70.00.00.00.00.00.00.00.00.00.00.00.00.0	City	7000	State Zip Code
Purpose for Distribution: (Describe the public pur	rpose for the dis	stribution to the o	rganization.)	
A Section (19 Septime And Papille Par	para ioi allo dic			
5. Verification				
	forth above is in	a accordance with	h the provisions of EDDO !	Population 19044 1
I have determined that the distribution of tickets set the				хөдиганон төвчч.т.
Linda Balde		Ticke	t Administrator	9-24-09
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any ad	ditional information	on including amend	lment explanation.)	

ICKETS	PRO	VIDED	BY
AG	ENCY	REPO	RI

1. Agency Name			Date Stamp	California Q02
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor				
Street Address		· · · · · · · · · · · · · · · · · · ·		
500 W. Temple St., Room 869 Los Angeles, CA	90012			
Area Code/Phone Number E-mail			□ Amondment (Most	Interior Dead C.)
213-974-5555 fifthdistrict.lacbos.c	org		Amendment (Must exp.	iain in Part 5.)
Agency Contact (name and title)	<u> </u>		Date of Original Filing:	(month, day, year)
Linda Balderrama				(month, day, year)
2. Event For Which Tickets Were Distribute	d	*		
Date(s) of Event: 09 04 09 Descri	intion of Ever	nt. Los Angeles	s County Fair	
Face \	/alue of Ticke	et: \$		
Agency Event ☐ Yes ☑ No (Identify so	ource of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provided to	Agency. Lo	s Angeles Cou	nty Fair	
	Agency			
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously [☐ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use	e a continuatio	on sheet for addit	tional names)	
Name of Official	Number		her the Distribution is Inco	
(Last, First)	of Tickets	Descri	be the Public Purpose for	the Distribution
Tyrome Sams	2	Retaining hig	hly qualified County em	nployees
ا 4. Individual or Organization Receiving Tick	cat(s) (Provid	led at the hehest	of an agency official)	
4. Individual of Organization Receiving Flor	(CI(S) (FIOVIC	ied at the belies	or all agency official.)	
Name of Behesting Agency Official:		2753	per mas p	
Name of Individual or Organization:	100000000000000000000000000000000000000		Number	of Tickets:
Description of Organization:				
Description of Organization:				
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public purp	ose for the dis	stribution to the o	organization.)	
(,	
W. Maria				
5. Verification	102 T 107 T	75,177 (2003)		
I have determined that the distribution of tickets set fo	orth above is in	accordance witi	h the provisions of FPPC I	Regulation 18944.1.
h 13 Lelluna Linda Balderi	rama	Ticke	t Administrator	9-24-09
10 - Cultura	rint Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any addi	itional informatio	on including amend	lment explanation.)	

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

Date(s) of Event: 09 04 09 Description of Event: Los Angeles County Fair 10 05 09 Face Value of Ticket: \$ 17.00	1. Agency Name			Date Stamp	California OOO
Board of Supervisor Street Address S00 W. Temple St., Room 869 Los Angeles, CA 90012 Area Code/Phone Number E-mail	County of Los Angeles				Form OUZ
Street Address 500 W. Temple St., Room 869 Los Angeles, CA 90012 Area Code/Phone Number E-mail	Division, Department, or Region (if applicable)	55			For Official Use Only
Sou W. Temple St., Room 869 Los Angeles, CA 90012 Area Code/Phone Number E-mail fifthdistrict.lacbos.org Date of Original Filing: Date of Origin	Board of Supervisor				
Area Code/Phone Number E-mail	Street Address	1 1/13 292 3			
213-974-5555 fifthdistrict.lacbos.org Agency Contact (name and title) Linda Balderrama Linda Balderr	500 W. Temple St., Room 869 Los Angeles, C	CA 90012			
213-974-5555 fifthdistrict lacbos.org Date of Original Filing:	Area Code/Phone Number E-mail		#35 F	☐ Amondment (Most over	Unit in Dad EV
Agency Contact (name and little) Linda Balderrama 2. Event For Which Tickets Were Distributed Date(s) of Event:	213-974-5555 fifthdistrict.lacbos	s.org			100
Linda Balderrama			5 - 4.00 - 10.05(W)	Date of Original Filing:	(month day year)
Date(s) of Event: 09 04 09 Description of Event: Los Angeles County Fair 10 05 09 Face Value of Ticket: \$ 17.00	Linda Balderrama				(monui, day, year)
Agency Event Yes Mo (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair Number of Tickets Received: 40 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contre 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Kathryn Barger-Leibrich 2 Retaining highly qualified County employees 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Individual or Organization: Number of Tickets: Description of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. How the provision of PPPC Regulation 18944.1. How the provision of PPPC Regulation 18944.1. Purpose for Distribution 1 PPPC Regulation 18944.1. Purpose for Distribution 1 PPPC Regulation 18944.1.	2. Event For Which Tickets Were Distribut	ed			
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Agency Event					
Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair Number of Tickets Received: 40 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Kathryn Barger-Leibrich 2 Retaining highly qualified County employees 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Bullum Linda Balderrama Ticket Administrator 9-24-09	10 /_ 03 /_ 03 Face	Value of Tick	et: \$	17.00	
Number of Tickets Received: 40 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First)	Agency Event ☐ Yes ☑ No (Identify s	source of ticke	ets below.)		
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3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First)	Name of Outside Source of Ticket(s) Provided	to Agency:	g	,	
Name of Official (Last, First) of Tickets Describe the Public Purpose for the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Kathryn Barger-Leibrich 2 Retaining highly qualified County employees 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Haddlauma Ticket Administrator 9-24-09	Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously [☐ Pursuant to Contrac
(Last, First) of Tickets Describe the Public Purpose for the Distribution Kathryn Barger-Leibrich 2 Retaining highly qualified County employees 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Individual or Organization: Number of Tickets: Description of Organization: Address of Organization: Address of Organization: City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Halluman Linda Balderrama Ticket Administrator 9-24-09		se a continuatio	on sheet for addit	ional names)	
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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Hallanama Ticket Administrator 9-24-09	(and they	Of fickets	Descri	be the Fublic Fulpose for	the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Hallanama Ticket Administrator 9-24-09	Kathryn Barger-Leibrich	2	Retaining hig	hly qualified County em	nployees
Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Linda Balderrama Ticket Administrator 9-24-09	1 1/2/1/2				
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Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Linda Balderrama Ticket Administrator 9-24-09				300	
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Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Bulluma Linda Balderrama Ticket Administrator 9-24-09	Name of Roberting Agency Officials				
Description of Organization: Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: Distribution: Linda Balderrama Ticket Administrator 9-24-09	Name of Benesting Agency Official.	390			
Description of Organization: Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Address of Organization: Number and Street City State Zip Coc Purpose for Distribution: Distribution: Linda Balderrama Ticket Administrator 9-24-09	Name of Individual or Organization:			Number	r of Tickets:
Address of Organization: Number and Street City State Zip Coorgonization	3	2 12 12		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or riokoto.
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Linda Balderrama Ticket Administrator 9-24-09	Description of Organization:				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Linda Balderrama Ticket Administrator 9-24-09					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Bulden Linda Balderrama Ticket Administrator 9-24-09	Address of Organization:		City		Cloto 7in Codo
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Bulden Linda Balderrama Ticket Administrator 9-24-09			40		State Zip Code
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Compared that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Compared that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Compared that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Compared that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Compared that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Purpose for Distribution: (Describe the public pur	rpose for the dis	stribution to the o	rganization.)	
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Linda Balderrama Ticket Administrator 9-24-09	5. Verification				
110.000000	I have determined that the distribution of tickets set	forth above is in	accordance with	n the provisions of FPPC I	Regulation 18944.1.
1 10.01-01-010	To Bulder and Linda Balde	errama	Ticke	t Administrator	9-24-09
Signature of Agency Head or Designee Print Name Title Imonth day year	Signature of Agency Head or Designee	Print Name	11000	Title	(month, day, year)

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California OOO	
County of Los Angeles			, , , , , , , , , , , , , , , , , , ,	Form OUZ	
Division, Department, or Region (if applicable)				For Official Use Only	
Board of Supervisor					
Street Address					
500 W. Temple St., Room 869 Los Angeles, C	A 90012				
Area Code/Phone Number E-mail			Amondment (Most sur	Linia Dad 51	
213-974-5555 fifthdistrict.lacbos.org		Amendment (Must explain in Part 5.)			
Agency Contact (name and title)			Date of Original Filing:		
Linda Balderrama				(monar, day, year)	
2. Event For Which Tickets Were Distribute	ed			***	
Date(s) of Event: 09 / 04 / 09 Description	rintion of Ever	nt. Los Angeles	s County Fair		
Agency Event ☐ Yes ☑ No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of Ticket(s) Provided t	o Agonow. Lo	s Angeles Cou	nty Fair		
	o Agency				
Number of Tickets Received:40	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously [☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	tional names)		
Name of Official Number State Whet			her the Distribution is Income to the Official or		
(Last, First)	of Tickets	Descril	ibe the Public Purpose for the Distribution		
Jim Camp	2	Retaining hig	ghly qualified County employees		
		***************************************	10 27 1000000 Tuno We		
4. Individual or Organization Receiving Tic	kat(s) (Provid	led at the beheet	of an agency official)		
+. marvidual or Organization Receiving The	Ket(3) (Flovic	ied at the benest	or all agency official.)		
Name of Behesting Agency Official:		Edward Tr			
Name of Individual or Organization:			Number	of Tickets:	
Description of Organization:					
Description of Organization.	200 E 2		99.5		
Address of Organization:		0"	100000000000000000000000000000000000000		
Number and Street		City		State Zip Code	
Purpose for Distribution: (Describe the public pur	pose for the dis	stribution to the o	rganization.)		
		Au one			
5. Verification					
pave determined that the distribution of tickets set f	orth above is in	accordance witl	h the provisions of FPPC F	Regulation 18944.1.	
Linda Balderrama		Ticke	t Administrator	9-24-09	
Signature of Agency Head or Designee Print Name		Title	(month, day, year)		
Comment: (Use this space or an attachment for any add	ditional information	on includina amena	lment explanation.)		
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